

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

69169

9177

CERTIFICATE OF DEATH

Reg. Dist. No.

51

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Calvert</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Princes Frederick</i>		c. LENGTH OF STAY IN 1b <i>16 hours</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Chesapeake Beach</i>		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert County Hospital</i>						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First <i>Boy</i>	Middle	Last <i>Carroll</i>	4. DATE OF DEATH 9	Month 9	Day 9	Year 19 56
S. SEX <i>Male</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>9/8/56</i>	9. AGE (In years lost birthday) yrs. <i>16</i>	IF UNDER 1 YEAR Months <i>16</i>	IF UNDER 24 HRS. Days <i>16</i>	Hours <i>Min.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>Chesapeake Beach, Md.</i>		
13. FATHER'S NAME <i>John Smith, Jr.</i>		14. MOTHER'S MAIDEN NAME <i>Sophie Carroll</i>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>776X</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mother</i>		Address <i>Chesapeake Beach, Md.</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia (6th month)</i>						INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. <i>776X</i>		(b) DUE TO						
{		DUE TO						
(c) DUE TO								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour o. m. p. m. <i>19</i>		Month <i>9</i>	Day <i>18</i>	20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Chesapeake Beach, Md.</i>	20f. (City or town) <i>Chesapeake Beach, Md.</i>	(County) <i>Calvert</i>	(State) <i>Md.</i>
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3 P.M. from the causes and on the date stated above. ACTUAL SIGNATURE <i>J. W. Willard</i>				ADDRESS (Street, city or town, state) <i>Chesapeake Beach, Md.</i>		DATE SIGNED <i>8/18/56</i>		
PHYSICIAN'S NAME (Type) <i>Henry Chase</i>		22b. DATE THEREOF <i>9-10-56</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>Private</i>		22d. LOCATION (City, town, or county) (State) <i>Chesapeake Beach, Calvert, Md.</i>		
23. FUNERAL DIRECTOR'S SIGNATURE <i>Henry Chase</i>		ADDRESS <i>Chesapeake Beach, Md.</i>		24a. REC'D BY REGISTRAR DATE <i>9-10-56</i>		24b. REGISTRAR'S SIGNATURE <i>H. W. Ward</i>		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

U. S. GOVERNMENT PRINTING OFFICE: 1950
CERTIFICATE OF PEECH

BUREAU V. S.

SEP 18 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09170

9178 CERTIFICATE OF DEATH

Reg. Dist. No.

51

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>D.C.</i>		b. COUNTY			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Washington town</i>		d. STREET ADDRESS <i>422 Butter Nut St.</i>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert County Hospital</i>						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First <i>Ethel</i>	Middle <i>B.</i>	Last <i>Dowling</i>	4. DATE OF DEATH <i>September 20 1956</i>	Month <i>September</i>	Day <i>20</i>	Year <i>1956</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH <i>November 9 1884</i>	9. AGE (in years lost birthday) <i>72 yrs.</i>	IF UNDER 1 YEAR <i>Months Days Hours Min.</i>	IF UNDER 24 HRS. <i>Months Days Hours Min.</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Horsework</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Washington N.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13. FATHER'S NAME <i>Perry Brown</i>		14. MOTHER'S MAIDEN NAME <i>Virginia Grafton</i>				Address			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>151X</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Pulmonary Embolus</i> (c) <i>Thrombophlebitis of RT leg</i>			INTERVAL BETWEEN ONSET AND DEATH <i>10 min</i>
						 (d) <i>Carcinoma of Stomach</i>			2 weeks 3 months
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20c. TIME OF INJURY Hour a. m. p. m. 19		20d. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)	(State)	
21. I certify that I attended the deceased from <i>9/27</i> , 19 <i>56</i> , to <i>9/20 Oct.</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>9/20</i> , 19 <i>56</i> , and that death occurred at <i>9:26 A.M.</i> from the causes and on the date stated above. ACTUAL SIGNATURE <i>Page C. Jett</i>		ADDRESS (Street, city or town, state) <i>Baltimore, Maryland</i>							DATE SIGNED
PHYSICIAN'S NAME (Type) <i>Page C. Jett, M.D.</i>		Principles of Medicine, Maryland							
22a. BURIAL/CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>9-22-56</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>WASHINGTON NAT.</i>		22d. LOCATION (City, town, or county) <i>Ste. Land Md.</i>		(State)		
23. FUNERAL DIRECTOR'S SIGNATURE <i>Deal Funeral Home</i>		ADDRESS <i>4812 Ga Ave</i>	24a. REC'D. BY REGISTRAR <i>SEP 24 1956</i>		24b. REGISTRAR'S SIGNATURE <i>Dr. Hugh Hard</i>				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be referred to by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

DEATH

BUREAU U. S.

SEP 24 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09171

9179

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MARYLAND</i> b. COUNTY <i>Maryland</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		c. LENGTH OF STAY IN 1b <i>6 days</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert County Hospital</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First <i>David</i>	Middle <i>Lee</i>	Last <i>Harrell</i>
4. DATE OF DEATH <i>September 24 1956</i>	Month <i>September</i>	Day <i>24</i>	Year <i>1956</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 15, 1956</i>
9. AGE (In years from birth) — yrs.	10. IF UNDER 1 YEAR Months <i>—</i>	11. IF UNDER 24 HRS. Days <i>14</i>	12. Hours <i>—</i>
10a. USUAL OCCUPATION (Give kind of work done during most at working life, even if retired) <i>Infant</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>M. S. A.</i>		13. FATHER'S NAME <i>Evelyn Harrell</i>	
14. MOTHER'S MAIDEN NAME <i>Aileen Davis Lusby, Md.</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>—</i>	
16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>Mother</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral accident</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. <i>351X</i> (b) <i>Cerebral palsy (Congenital)</i> DUE TO (c)			
INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) <i>—</i>	(County) <i>—</i>	(State) <i>—</i>	
21. I certify that I attended the deceased from <i>9/23</i> , 1956, to <i>9/28</i> , 1956, that I last saw the deceased alive on <i>9/29</i> , 1956, and that death occurred at <i>5:40 A.M.</i> from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>R. de Villiers</i>	PHYSICIAN'S NAME (Type) <i>R. de Villiers & ARREAL</i>	ADDRESS <i>Community Church</i>	ADDRESS (Street, city or town, state) <i>Church - Calvert Co - Md</i>
DATE SIGNED <i>Sept 27/56</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>Sept. 29, 1956</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>Community Church</i>	22d. LOCATION (City, town, or county) <i>Burley - Calvert Co - Md</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>G. O. Barkman & Son Mortuaries, Inc.</i>	ADDRESS <i>1000315XV3</i>	24a. REC'D BY REGISTRAR <i>H. W. Ward</i>	24b. REGISTRAR'S SIGNATURE <i>H. W. Ward</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be relied upon by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

OCT 3 1956

REGELIV ED

09172

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9180

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH COUNTY <i>Calvert</i>	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>	COUNTY <i>Calvert</i>
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Huntingtown</i>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Huntingtown</i>	STREET ADDRESS (If rural, give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS			

3. NAME OF DECEASED (Type or Print)	(First) <i>Sherry</i>	(Middle)	(Last) <i>Hiegh</i>	4. DATE OF DEATH 9 4 1956
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5. SEX <i>m</i>	6. COLOR OR RACE <i>c</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <i>4-26-55</i>	9. AGE last birthday <i>17 mont. yrs.</i>	10. If under 1 year Months	11. If under 24 hrs. Days	12. If under 24 hrs. Hours	13. (Year) Mdn.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY? <i>Maryland</i>
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13. FATHER'S NAME <i>Murice Hiegh Jr.</i>	14. MOTHER'S MAIDEN NAME <i>Fadie Mackall</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS <i>Murice Hiegh Jr. Huntingtown MD</i>
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18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>493X</i>	Immediate cause (a) <i>Pneumonia</i>	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (b) <i></i> (c) <i></i>	INTERVAL BETWEEN ONSET AND DEATH <i></i>
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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
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21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
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TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *9/1*, 19*56*, to *9/4*, 19*56*, that I last saw the deceased

alive on *9/3*, 19*56*, and that death occurred at *1 p.m.* from the causes and on the date stated above.
SIGNATURE *W. Hiegh* ADDRESS *Huntingtown MD* DATE SIGNED *9/4/56*

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF <i>9-5-56</i>	NAME OF CEMETERY OR CREMATORIAL <i>Patuxent</i>	LOCATION (City, town, or county) <i>Huntingtown</i>	(State) <i>MD</i>
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BATE REC'D BY LOCAL REG. <i>9-5-56</i>	REGISTRAR'S SIGNATURE <i>N. W. Ward</i>	24. FUNERAL DIRECTOR <i>P. E. Scovell, Jr. Fred, M.D.</i>	ADDRESS
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BUREAU N.Y.

SEP 7 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-5 10W

9181

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN <u>Prince Fred</u>		MARYLAND LENGTH OF STAY (In this place)	
		STATE <u>Maryland</u> COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Prince Fred</u> MD	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) <u>Rosie</u>		4. DATE OF DEATH <u>9 - 13, 1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Aug 21</u>
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>78</u> yrs. IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>
13. FATHER'S NAME <u>Perry Simms</u>		14. MOTHER'S MIDDLE NAME <u>UnKnown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS <u>Addie Brooks, Prince Fred, Md</u>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) <u>Coronary occlusion</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>arteriosclerosis</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12 - 12, 1956</u>, to <u>9/13, 1956</u>, that I last saw the deceased alive on <u>9/13, 1956</u>, and that death occurred at <u>1 p.m.</u> M, from the causes and on the date stated above. SIGNATURE <u>H. Weenes</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF <u>9-16-56</u>	NAME OF CEMETERY OR CREMATORIAL <u>Bluem Point</u>
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>H. W. Ward</u>	LOCATION (City, town, or county) <u>Calvert</u> (State) <u>MD</u>
DATE <u>9-14-56</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. E. Scwill, Ph. Fred, Md</u>	

18 SEPTEMBER 1956 - 1000 HRS - 1000 HRS - 1000 HRS

HANG RO STATION LOG

7000' (2134m) 1000 HRS
part part part

Cloudy
part-part

50	51	- P	overcast	cloudy	
80			1.5 min	1	7
11.2.11			overcast	overcast	
			overcast	overcast	

part-part overcast. Some light rain

BUREAU Y.

SEP 17 1956

RECEIVED 1000 HRS - 1000 HRS - 1000 HRS
1000 HRS - 1000 HRS - 1000 HRS

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M —

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**9182 CERTIFICATE OF DEATH**

69174

Reg. Dist. No. 52.

1. PLACE OF DEATH COUNTY <i>Gilbert</i> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Baltimore</i>			2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>MD</i> COUNTY <i>Calvert</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Baltimore Md</i> STREET ADDRESS (If rural give location)		
3. NAME OF DECEASED (Type or Print) <i>Gracie Rebecca Ramsey</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>9 12 1956</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>C</i>	8. DATE OF BIRTH <i>Sept 20, 1883</i>	9. AGE last birthday 72 yrs.	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>H.W. Ward</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>MD</i>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Walter John Dix</i>			14. MOTHER'S MAIDEN NAME <i>Alice Brown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>			16. SOCIAL SECURITY NO. <i>17 Informant & Address</i> <i>Grace Robinson</i>		
18. MEDICAL CERTIFICATION <i>Acute dilatation of heart 10 hrs</i>					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>434.3 IMMEDIATE CAUSE (A) Due to Antecedent cause(s) giving rise to the above cause stating underlying cause last. (B) (C)</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Found unconscious - bed</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>None</i>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <i>Home</i>		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) <i>Home</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>M.</i>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>None</i>	
22. I hereby certify that I attended the deceased from <i>9/12</i> , 19 <i>56</i> , to <i>9/12</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>9/12</i> , 19 <i>56</i> , and that death occurred at <i>12 PM</i> , from the causes and on the date stated above. SIGNATURE <i>H.W. Ward</i> ADDRESS (Street, city, town, state) <i>Baltimore Md</i> DATE SIGNED <i>9/12/56</i>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>9/15/56</i>		NAME OF CEMETERY OR CREMATORIAL <i>Holiness Church Cemetery</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>Grace L. Hutchins</i>		LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE <i>9/14/56</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Grace L. Hutchins</i>		ADDRESS <i>112 W. Ft. Lauderdale Avenue</i>	

UNITED STATES DEPARTMENT OF HEALTH-EARTHT-ENVIRONMENT

U.S. CERTIFICATE OF DEATH

NAME OF DECEASED	AGE AT DEATH	CAUSE OF DEATH
JOHN J. HANLEY	65	HEART DISEASE
ADDRESS	STATE	CITY
1234 FAIRFIELD AVENUE	NEW YORK	NEW YORK
NAME AND ADDRESS OF PHYSICIAN	NAME AND ADDRESS OF FUNERAL DIRECTOR	
DR. RICHARD J. HANLEY 1234 FAIRFIELD AVENUE	JOHN J. HANLEY 1234 FAIRFIELD AVENUE	
I declare under penalty of perjury that the information contained in this certificate is true and correct.		
John J. Hanley		

BUREAU U.S.

SEP 20 1956

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